

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

350

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 848

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4484 Laclede Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Marie Hardesty.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. January 4th, 1920.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 0 22 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Stenographer.

11. Industry or business Backery Supply Co.

12. Name Noah Hardesty.

13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

14. Maiden name Catherine Dullard. (City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Hardesty.

(b) Address 4484 Laclede Ave.

17. (a) Burial. (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Dineen

(b) Address 3840 Luyell Blvd.

19. (a) 1-29-42 (b) J. F. Oredick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4484 Laclede Ave. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th.
year 1942 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 3 - 1942
to Jan 26 19 42
that I last saw him alive on Jan 25 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic nephritis

Due to acute myocardial infarction

Other conditions g/c chronic nephritis

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. F. Oredick (M. D. or other) _____

Address 539 19th Date signed 1/27/42

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If this body is not embalmed, fact should be so stated above.